deuc G - 2 Entracement of the Community of the State of TEATHER CHARTING AND 7 HOLES Ava Coordoors St. 12 x 1/ Hors a po ton Brill breaking t CARDING ESTEVENTOVER TURES TO SEE SEE A JENNING A WHAT A PARTY OF A PAR ALL THE THE SECOND DAKE STOLD AT MELLER STOLD 1975 PAY WELL BURNES HAVE SACHARDA TO TO THE TOTAL SUM-AND AND FACTOR OF THE PARTY CARREST AND CHARLY burdel & Fai. 24, 1979 Appendent Form. Wr. Schared Re., Nor., To. Company of the compan may be

campletely filled in

STATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. 1	19.	- 030	190
		CEASED NAME FIRS		MIDDLE	L	AST .	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
10		Dar	CLI		Ba	iley	Febr	micres 2	6.1979	4 7 M
	3. SE)	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 74 HRS
		Male	Neg	gro	3-	5-1910 YEAR	68		JAIS DAIS	Mile
1/		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN C	F WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	3
	1	Virginia		JSA	WIDOWE	D DIVORCED	10	Shot		MD.
10	10. CI	TY OR TOWN OF DEATH		OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND OF INDUSTRY	BUSINESS OR
10		Eastern	The	- Memoria	0 1	Espetal	Factory			
25			OUNTY	13c. CITY OR TOW		138. INSIDE CITY LIMITS?	13e STREET ADDRESS			
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of a		No		550-10-	-6291	Mary - Chi	lles 724	Bayly		
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		410-	DUE TO	OR AS A CONSEQUE	NCE OF	relevotie i	leas No	calling		
		Conditions, if any, which		ats	hero	recerous l	Twee . To	ace	-	
- 1		couse (o), stating the	e DUE TO.	OR AS A CONSEQUE	ENCE OF					
111			(c).							
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0	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e. AUTOPSY?		VERE FINDIN	
1	RTIF		9 1 1 1				YES NO	YES		NO 🗌
6		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (110110	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PART	1 OR PART 2)	
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	(INER)	P.M.	19				· · · · · ·	
	MED	21d, INJURY OCCURRED WHILE NOT WHILE [CATHOME	CE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
		AT WORK						71	5.7	
		22a. I certify that (1) (this saw the deceased aliv	-	the deceased from_	79	nd that in my) (our) opinion	donth assured on the			hot () (we) lost
		obove, (I)(we) (did) (d	d not view the bo			DEGREE	deom occorred on the	dote ond nour o	22c. DATE S	
- 1	1	128. SIGNATURE	1/2 to	- G N	>	ATTENDING _		AFF _	2-2	
-	1	224 PHYSICIAN'S NAME (VPE OR PRINTY	11	e 4	PHYSICIAN 222 ADDRESS	DIRECTOR PHYS	ICIAN []		1/
11	1111					Memorial I	Tosp. East	on. Md		
1/	22.		TRICH, N		1445.05.0	<u> </u>		J., 110		
/		BURIAL, CREMATION, REMO	VAL 236 DATE	736.	NAME OF C	EMETERY OR CREMATORY	23d, LOCATION CITY OF TOWN	_ ((OUNTY	B.F. STATE

BP.

Burial

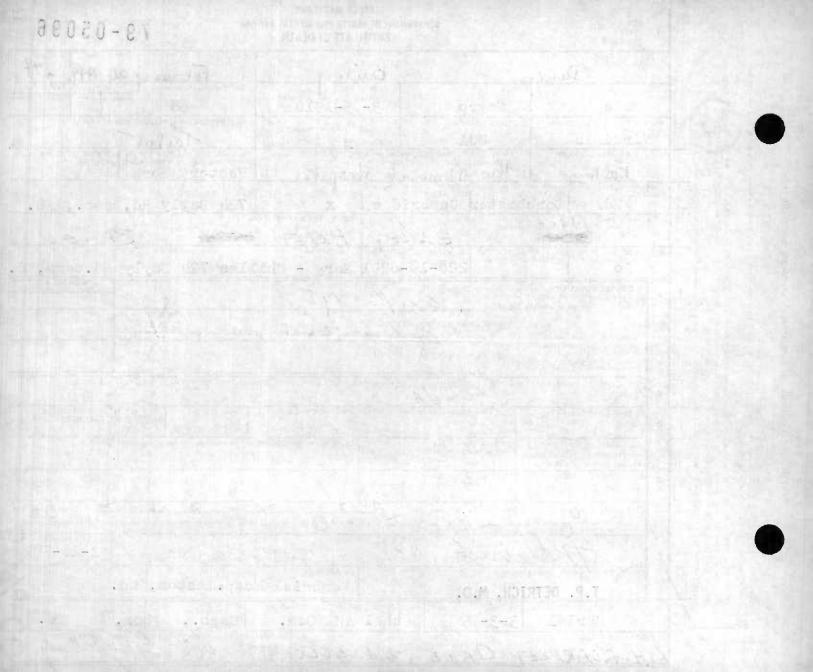
DHMH - 16 50M 7/77 (VR A 15 (4))

Bethel Cem. Camb.,

COUNTY Dor.

Md.

250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR



17-	1-0	,		STATE OF MARYLAND	
	1.0	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	05007
			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	3-03031
			CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MO	
	ES S. S. E	(111)	/ /	rles RAYMOND BOX ter DEATH MATED &	-2631979 105 ILM
	PLEASE FROTOR: PLES: HOURS STREET,	3. SE		S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE	7 111
		ma	le white	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	3 73 13
	a Ford		le white	Th CITIZEN OF WHAT COUNTRY?	NINTY OF DEATH
4	NECESS FUNERS 5 S FONER WITHIN		PREIGN COUNTRY)	MARRIED NEVER MARRIED	
	S FOR S	D.	C.	U.S. WIDOWED DIVORCED 1/1/16/	MD.
	AY IS THE 301	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WILLIAM) FOR MOST OF WORKING LIFE)	ORK 12b. KIND OF BUSINESS OR INDUSTRY
	O DELAY IS N 3 TO THE FI AIN PAGE 5 D BE FILED, RRDS, 301 W	E	aston	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospital student	DENTI DE SE
	21201 2, AND 3 TO 3, AND 3 TO 3, AND 3 TO 5, AND 3 TO 5, AND 10 TO 11, RECORDS,		AL RESIDENCE (IF IN NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 17Y 13c, CITY OR TOWN 13d, INSIDE (1TY LIMITS? 13e, STREET ADDRESS	
	F AND SHOULD	1	ryland Talk		5.5
	3. SH	Name and Address of the Owner, where	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
	M. P.M. P.M. P.M. P.M. P.M. P.M. P.M. P		FIRST	MIDDLE LAST FIRST MIDDLE	LAST
	# de % € de —	116- 1	John Edward		
	MO TER	100 (ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	
	BALTIMORE, MD. ORNE PAGES 1. WITH FORM PM. PAGES 1 AND 2. DIVISION OF VITA	ᆫ	no	1 219782-4978 John E. Baxter see i	
	HOURS A 18. G AG WIT MIT. PA		18. CAUSE OF DEATH (Enter on	ily one couse per Inftor (o) (b) fond (sh)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	HOUR 18		PART I DEATH WAS CAUSEI	TE CAUSE (a)	
	AL.	1 -	8199	DUE TO, OR AS A CONSEQUENCE OF	
	W. PRESTON D WITHIN 24 ENCIL IN ITEA AMINER ALON TRANSIT PER ENTAL HYGIEN REMOVAL.	1	Canditians, if ony, which		
	EMAN KA		gave rise to immediate cause (a) stating the under-		
	CUTED CUTED IN PE L EXA URIAL- 4D ME		lying cause lost.		
	EXECUTED UG" IN PEI ICAL EXAM A BURIAL-T AND MEN ION, OR RI		PART 2 OTHER SIGNISICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE. STITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL R 3 SHOULD BE USED AS A BE E OFFATIMENT OF HEALTH AN	2	TAKE E STORE STORES (CART COROLLION)	CONTRIBUTION TO GERTIN BUT NOT RECEIVED TO THE TEXMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a).	
	MED BE ENDING AS	MEDICAL CERTIFICATION	IN DATE OF ODERATION	The contract of the contract o	In
	SHOULD ORD "PER CHEF A E USED OF HEAD	V	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	\$ 88 9 N D				YES NONE
	BEN	Ü	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY PART IN HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 10 PART IN	OR PART 2)
	NO THE COUNTY OF	1 3	UNDERLYING OR CAUSE OF		
	CERT CERT TING DED 1 3 SH DEPA	Ĭ	216. INJURY OCCURRED	216 PLACE OF INJURY (ATHOME, 215 LOCATION	-11 1/20 1-1
	S C S C S C S C S C S C S C S C S C S C	E	WHILE NOT WHILE AT WORK	STREET FACYORY, FARM, ETC.) A STREET TO STREET OF STREET	Mante la
	THIS WELL	7	AT WORK /	Marius Misos soraci succession	- mille, o
	EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE S	1	22a. I certify that I taak charg	ge of the remains described above, held an Autapsy L., Inspection A., Inquiry A., and in n	ny apinian
4	A T C B F N	1	death resulted fram/ Naty	rol cooses : Accident A., Suinde Hamicide Undetermined manner	
	XXA SIRE WIT WRY		K +	PITLE (SPECIFY)	1 2 78
	AL AL	1	ACTUAL SIGNATURE		ATE GNED 4-3-19
	SEA SEA		1 000	wight	
	MED CUTE CUTE FUNE FUNE FUNE	De la	(TYPE OR PRINT) Lar	ne Wroth, M.D. ADDRESS St. Michaels, Md.	21663
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM. 18. GIVE PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHERE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH LIMINARY AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH LIMINARY AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH LIMINARY AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH LIMINARY AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH LIMINARY AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH LIMINARY AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH LIMINARY AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH LIMINARY AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WEALTH AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WEALTH AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WEALTH AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WEALTH AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WEALTH AND ASSISTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WEALTH AND MENTAL HYGIENE.	23a. B	URIAL CREMATION REMOVAL	23b. DATE 123c NAME OF CEMETERY OR CREMATORY 1234, LOCATION	an adv
		1	SPECIFY)	2-5-1979 Spring Hill Easton, Talbo	t. Md.
	BP	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 1250/REGISTRAR	
	DHMH - 17 (VR A15 ME (5))	M	ewnam Funeral	ADDRESS - ADDRES	Picheolic
	30M 7/73	7.4	CAMITONI T. MILET OF	THOME DOIS THE PARTY IN THE PAR	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

injury, or other troumatic

MPORTANT: If Item 21 is marked ar Item 18 shaws any

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ì	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	o. 19-	. 001	093
ŧ	1. DECEASED NAME (TYPE OR PRINT)	FIRSTLaw	rence	Mel Mel	vin	AST COLE	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		aw ner		M.	C	ole	Tebo	ueny 21	1979	M
	3. SEX	4	I. RACE	-1 +-	5. DATE C		6. AGE IN YEARS LAST BIRT	HDAY) IF U	THS DAYS	HOURS MIN
	Male Male	FOREIGN 7	L CITIZEN OF	nite	_	ber 25, 1900	72 9 BALTIMORE CITY O	P COUNTY OF	DEATH	
5	COUNTRY) Maryland			SA	MARRIE	DINEVER MARRIED DINORCED DI	, BAETIMORE CITY	1)	> DEATH.	
-	IN CITY OR TOWN OF DE		1. NAME OF	HOSPITAL, NL		R OTHER INSTITUTION	120. USUAL OCCUPATI		12b. KIND Q	MD. DF BUSINESS OR
-	Laston USUAL RESIDENCE (IF NU	05 210 110 115 01	the	MCAMES	. O He	spital	Engiomento Operator	F WORKING LIFE)	Road	Md.Sate s
7	Maryland	136 COUNT	Anne's	13c. CITY OR Centre	TOWN	138 INSIDE CITY LIMITS? YES INO	13. STREET ADDRESS 112 Homewo	od Ave.		
2/	14. FATHER'S NAME	M	IDDLE	L <u>A</u> ST	1.1.3	15 MOTHER'S MAIDEN NAM	MIDDLE	31141	LAS	ST
1	Harry	Jac		Cole	9	Mary	Elizabet		Sm'i	
1	160 WAS DECEASED EVE (YES, NO OR UNKNOWN) Yes	R IN U.S. ARM	NED FORCES?		SECURITY NO.	17 INFORMATCIAndd				
	Yes	MM T	.1	215-20	5-4788-A	Mrs.Rebecca	M. Jewell,	Centrev		
	18 CAUSE OF DEA PART I. DEATH	TH Enter only WAS CAUSED IMMEDIATE	BY:	line for (o), (b	ive Ce	out Pailer	~ -		BETWEEN	ONSET AND DEATH
	410-	TANKE DIATE		R AS A CONS	EQUENCE OF	1	400000000000000000000000000000000000000		0	
	Canditians, if an		(b)	Myor	ardie	l in parct	64		toru	<u></u>
	cause (a), state	ing the	DUE TO, OI	as a consi	EQUENCE OF	dor Count	doppase		you	·~>
		SNIFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(c	51
5	Iga DATE OF OPER	ATION	196 COND	ITION FOR WI	HICH OPERATION	N WAS PERFORMED	20e. AUTOPSY?	20b. IF YES, W	ERE FINDING CAUSES	GS USED OF DEATH?
	21g. ACCIDENT WAS U	NDEBLYING 🗀	21b. TIME O	E INTILIPY		21c. HOW INJURY OCCURE	YES NO	YES [мо 🗆
1		CAUSE OF DEAT	LIOLID A	M. MONTH	DAY YEAR	The West occurrence	CED TEMER MAILURE OF INJUI	TIN HEM TO, PART	OK PART 2)	
	WHILE NOT!Y AT WORK AT WORK	RRED WHILE	21e PLACE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	IN	COUNTY	STATE
	22a.1 certify that (sed alive an		121		2 (6 19 29 ad that (in (my) (cor) aprinian	death accurred on the	17-	79.	that (1) (we) last
	abave. (1) twee		M C	O 2		ATTENDING _	MEDICAL STAI	-F	22c. DATE	
1	22d. PHYSICIAN'S N	IAME (TYPE O)	P.Gr	egg Rho	ndes. M	PHYSICIAN P	DIRECTOR PHYSIC	IAN		11/
	P.G.	REGG	BHOT	DES		14 N. Au	rova St	, E.	slon	Md
	230. BURIAL, CREMATION SPECIES BURIAL	, REMOVAL	236. DATE Feb. 24		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Ja O COL	YTAL	STATE
	Durigi		1 CD . C4	1 エフィフ	ones te	ritera	Centrevil	Te, W.A	.Co.,	Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

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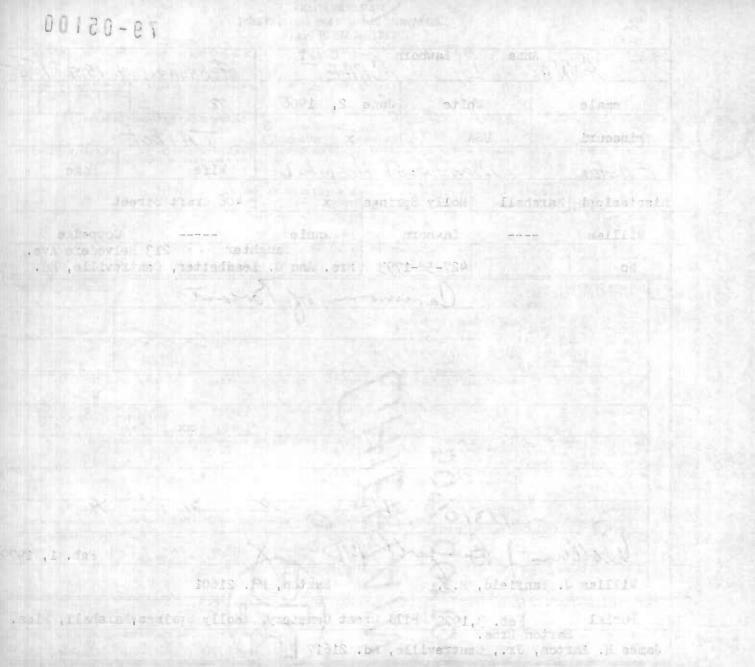
24. FUNERAL DIRECTOR
James H. B Barton Bros. Barton, Jr., Centreville, Md. 21617

Centreville, Q.A.Co., Md. 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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		rei di la si

(VR A 15 (4))

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-05/01 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Jr. 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 24 HPS MONTH YEAR DAYS HOURS Male Cau. 10-31-16 62 To BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Va. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRESTON ST., BALTIMORE, MARYLAND 21201 Retired None USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Caroline Greensboro Rt 480 NO M 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST Marie Adele Price Gray Creager, Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATES) 213-07-7994 no Bettie S. Creager Greensboro. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) de IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION Ö 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NO YES [NO F Hygi 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 s HOUR A.M. MONTH DAY YEAR Mental ! OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC/ 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 5 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK Jel. 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED 4 ATTENDING MEDICAL be deta e State l PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS haufd be MPORT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial CITY OR TOWN COUNTY STATE BP. 2-6-79 Lorraine Rark Baltimore Balt 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) B

A STATE OF SALES OF THE SALES Male 787. 1.5.1. Va. With the second Nd. Caroline Greensboro x Rt 480 Marie adele Prico Gray Creacer, Sr. 213-07-7994 Bettle S. Creager Greensboro, M. no. Burial 2-6-79 Lorraine Park Paltimore, Balt. City Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME KNOWN. TTYPE OR PRINT) DEATH MATED AT ALBERT RUSSELLCUMMINGS eb.9 19 THE FUNERAL DIRECTOR
AGE 5 FOR YOUR MEET SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS ! IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD Feb. LAST BIRTHDAY male 3-27-1952 26 white 26. YRS PRESTON 19 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Maryland MARRIED NEVER MARRIED U.S. Talbot DIVORCED FILED, 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS A PAGE BE FILED Chesapeake Bay OR INDUSTRY wa terman ilghman 3. RETAIN F VITAL/RECORDS, 21201 Lghman 13d. INSIDE CITY LIMITS? Bar Neck Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Doris Mae DIVISION OF VI Cheezum Cummings 17 INFORMAN Box ADDRESS 166. SOCIAL SECURITY NO. YES, NO, OR UNKNOWN) Tilghman 214-60-9263 Donna Jo Cummings es CAUSE OF DEATH (Enter anly one cause per line of (a), (b), and (c). APPROXIMATE INTERVAL œ AL EXAMINER ALONG VENERAL TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ITEM IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MENTAL HYC CREMATION, OR REMOVAL Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF I OF 210. EXTERNAL CAUSE WAS 116. TIME OF INJURY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH SHOULD BE FORWARDED T IERAL DIRECTOR: PAGE 3 SH DEATH, WITH THE STATE DEPA DRF, MARYLAND, 2/201 PROR 21d. INJURY OCCURRED 11. LOCATION AT WORK NOT WHILE 220. I certify that Maak charge of the remains described above, held an Autopsy Inspection and in my opinian death resulted fram Accident A Natural causes Suicide PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BALTIMORE, MA ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Lane Wroth. M.D. Michaels. 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Tilghman, 3-1-1979 Tilghman Methodist Talbot. Md. BP 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Newnam Funeral Home Easton, Md. 30M 7/73

STATE OF MARYLAND

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3			STATE OF MARYLAND	
	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 Q	-05103
	-	REGISTRAR	REG. NO.	
		CEASED NAME FIRST E OR PRINT)	MIDDLE LAST 20 DATE KNOWN OF ESTI-	NONTH DAY YEAR 26. HOUR-
1		GEORGE		2-9- 179 5:36
	3. SEX	4 RACE	MONTH DAY YEAR LAST BIRTHDAY	ONTH DAY YEAR 2d. HOUR
	ma	ale white	10-2-1915 63 YRS. HOURS MIN. PRONOUNCED 5-	79 H 7m
d	7a. B	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C	COUNTY OF DEATH
1	Ma	aryland	U.S. WIDOWED DIVORCED Talbot	MD
	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12a. USUAL OCCUPATION (TYPE OF	
À	T	lghman	Chesapeake Bay drawbridge ope	
-	USU	L RESIDENCE HE IN NURSING HOME	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
15		aryland Tall	bot 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES MO	nad
		THER'S NAME	15. MOTHER'S MAIDEN NAME	
-		Charles L.	Cummings Pearl Virginia Lov	wery
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESSEL	.D.#3, BOX778
		10	ve war or Dates) 218-34-2993 Carolyn A. Swann Ea	aston, Md.
		18. CAUSE OF DEATH (Enter o	anly one cause per line for (p), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUS	SED BY: ATE CAUSE (a) WMMWWW.	BETWEEN ONSET AND DEATH
	5	8302	(DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which		
		cause (a) stating the unde		
		lying cause last.	(c)	
		PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).	
	O N			
1	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
4	E			YES NO
-		210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR M. MONTH DAY YEAR	1 OR PART 2)
þ	CAL	CONTRIBUTING CAUSE OF	FDEATH 753/P.M. 2.9 1979 COPKING BOOL SUNK 1	n VJJY
	MEDICAL	21d. INJURY OCCURRED WHILE dzi NOT WHILE	SIREST FACTORY, FAMILIES. 211. LOCATION STREET CITY OF TOWN	CONNEY & STATE
		WHILE AT WORK AT WORK	- 1/d y/cheszpeste IMI West Tilahman 1	8/10/ 191
į	1	22a. I certify that I taak sha	arge of the remains described above, held an Autopsy 🔲, Inspection 💢, Inquiry 📈, and in	my apinian
		death resulted from: Net	fural causes . Accident . Suigide . Harricide . Undetermined manner .	
		NL	JITVE (SPECIFY)	27.78
		ACTUAL SIGNATURE	WILLIAM NILLY	DATE SIGNED 5-/77
1			Torre Wheeth M. D.	24562
	Name of	EXAMINER'S NAME (TYPE OR PRINT)	ADDRESS	21663
ĺ	23a.B	URIAL, CREMATION, REMOVAL	CITY OR TOWN	COUNTY STATE
		Burial	3-8-1979 Tilghman Methodist Tilghman. Tal	lbot. Md.
	24. F	Newnam Fune	250. DATE REC'D. BY REGISTRAR 256. REGISTR	Fry Mereody
		newnam runei	ral Home Easton, Md.	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26-HOUR 5 P N 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-CUMMINGS MUTR DEATH MATED WAYNE 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR . SEX 5 DATE OF BIRTH IF UNDER 24 HRS PRONOUNCED 2-15-DATE LAST BIRTHDAY) male white 1-4-1949 30 YRS 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Maryland MARRIED NEVER MARRIED U.S. TAlbot WIDOWED DIVORCED 128. USUAL OCCUPATION (TYPE OF WORK IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Tilghman Chesapeake waterman BE 13d. INSIDE CITY LIMITS? Talbo t 13e. STREET ADDRESS Tilghman Maryland YES [* Willey Road OR WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST George Cummings Catherine Cappa Box 187 166 SOCIAL SECURITY NO. 17. INFORMANT DIVISION IYES NO OR UNKNOWNI 1969-197 214-52-0021 ves Brenda F. Tilghman Cummings APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO: OR AS A CONSEQUENCE OF REMOVAL. Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. OF HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURNAL. YES 3 SHOULD BE DEPARTMENT (21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED (AT HOME MARYLAND 21201 PR WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autapsy Inspection and in my opinion Accident deoth resulted from /Undetermined monner ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V SIGNATURE MEDICAL EXAMINER BALTIMORE, ADDRESS St. EXAMINER'S NAME Lane Wroth, M.D. Michaels, Md. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial STATE Tilghman Methodist Tilghman. Talbot. BP 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Newnam Funeral Home Easton. Md. 30M 7/73

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 2a DATE (TYPE OR PRINT) OF ESTI-THOMAS ROBERT CUMMINGS DEATH MATED STREET 3. SEX 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Feb. DEAD 26 PRESTON male white 1-24-1959 20 5 FOR YO 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED | NEVER MARRIED FOREIGN COUNTRY! Talbot Maryland DIVORCED WIDOWED AGE S 120 USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Chesapeake Bay Waterman Tilghman AND 3 TO BE. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Talbot 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Tilghman Maryland Taylor Avenue T. PAGES 1 AND 2 SI 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE Albert Lowery Cummings Doris Mae Cheezum 17. INFORMANT ADDRESSO X 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. WITH FOR (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-76-6919 Doris M. Cummings Tilghman. no Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per the for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL. Canditians, if any, which gave rise to immediate BURIAL-TR cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). MEDIC CERTIFICATION OF HEA 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL ORWARDED TO THE C. R. PAGE 3 SHOULD BE E STATE DEPARTMENT C. 21201 PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENJER NATURE OF INJURY IN 18 PART 1 OR PART 2) X OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21f. LOCATION NOT WHILE WHILE AT WORK. AT WORK PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BAITMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described obave, held an Autopsy Inspection and in my opinion death resulted fra Natural causes Accident Undetermined manner ACTUAL MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Lane Wroth. M.D. St. Michaels. Md. ADDRESS. 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Buria] Tilghman Methodist Tilghman. Talbot. BP. 25a, DATE REC'D, BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** Newnam Funeral Home Easton, Md. (VR A15 ME (5)) 30M 7/73

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0			REGISTRAR		MED	ICAL EXAMIN	IER'S C	ERTIFICATE O	FDEATH	REG. NO.	03100
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BALTIMORE, MD. 21201		=	TO CAUSE OF DEATH (F-41				FRIZE CO CIZZETT	J 17 221 001	2 25 018 12 01	APPROXIMATE INTERVAL
2	F, D		18. CAUSE OF DEATH (E PART I DEATH WAS	CAUSED BY:	use per line i	tar (a), (b), and (c).)	dile	Infarct	i on:	11.0	BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	"PENDING" IN PENCIL IN "PENDING" IN PENCIL IN IEF MEDICAL EXAMINER A SED AS A BURAL-TRANSIT HEATTH AND MENTAL HYCCREMATION, OR REMOVAL		A LAY O AYRICA CICARGICANT CO.	(bates Mel					yrs
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9	THE OUT THE STANE		UNDERLYING OR			MONTH DAY YEA	R				
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	LA CENTRAL		(TYPE OR PRINT)	Haro]	Ld B.	Plummer 1	I.D	ADDRESS . O. BO	X#129 pr	eston Md	21655
	TO MEDICAL EXAMINER: THIS CERTIFE EXECUTE THE CERTIFICATE, WRITING 1 PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BETON, PAGE BENDENTH, WITH THE STATE DEPARE BALLIMORE, MARYLAND, 21201 PRIOR?	73a B	URIAL, CREMATION, REM			23c. NAME OF CE					
		(30.6	SPECIFY)						23d. LOCATION CITY OR TOWN	COUNT	Y STATE
	BP	04.5	Burial UNERAL DIRECTOR	Feb.	28,1	979 Brookly	n He	ghts Cem.	Cleveland EC'D. BY REGISTRAR	d. Ohio	CALATURE
	DHMH · 17		NAME			Federalsbu			TO O O 1070	230, REGISTRAN'S SIG	GNATURE,
	(VR A15 ME (5)) 30M 7/73	F	camptom-Hawk	ins Fune	eral H	ome, 216 N	. Mai	n St. FE	B 28 1979		7
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-0510 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR 53 (TYPE OR PRINT) 3. SEX A RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YEAR DAYS Lemale white HOURS Mari BIRTHPLACE STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR School teacher netired ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 135 COUNTY 13 Scillin, Stevensville, Md. Stevensville 34 INSIDE CITY LIMITS? pino NO Md. 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME ODLE Amarida MIDDLE Thompson Medlord 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) entreville . Md. oan Denny Searles. no 18 CAUSE OF DEATH (Enter only one cause per line for dod PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSTOURNCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [Mental Hygi 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL buriol (IF EITHER, NOTIFY MEDICAL EXAMINER) PA 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 STATE orked NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) did not) view the bady after death DEGREE 22b. SIGNATURE 22c. DATE SIGNED MEDICAL should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS AJOUN 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE ~ rematoru Suitland 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 **ADDRESS** (VR A 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05108

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. N	79-0	510	8
		CEASED NAME FIRST	Iola	MIDDLE Gertr	ıde '	AST DUDLEY	20. DATE OF DEATH	MONTH DAY	YEAR 2b h	HOUR 30
		GERT	RUdE			DudLEY	7FDR41	ARU14.19	79	10AM
	3 SEX		4 RACE		S DATE C	ber 10, 1893	6 AGE (IN YEARS LAST BIR	THDAY) AF UNDE		IRS MIN.
	7~ DI	Female RTHPLACE STATE OR FOREIGN		ite	Novem	ber 10, 1893	85	YRS.	AZU	
5	CC	OUNTRY)		WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY	+	AIH	
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	1-	ASTON AL RESIDENCE (IF NURSING HOME O	INE	1E MORI	AL	HOSPITAL	Wife Wife	OF WORKING LIFE IND	Home	
5	Ma.1	ryland Quee	ATA.	Centrevi	1	YES NO X	R.D. #3,	Box 66		
2	14 FA	THER'S NAME Charles Ro	land	Price		15. MOTHER'S MAIDEN NAM FIRST Laura	Agnes Agnes	Rho	odes	
7	160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUE		17 INFORMANT Son		ESP.O.Box		
for .		res, no or unknown) (If yes, Giv		219-70-7	774,	W. Hazel Dudl	ley, Jr., h			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	D BY: TE CAUSE (a) DUE TO, O (b)	R AS A CONSEQUE	NCE OF	Simoe	una -	-	APPROXIMATE BFTWEEP OSSET	
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7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DECLIFE EITHER, NOTIFY MEDICAL EXAMINER;		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR	PART 2]	
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		22a. I certify the (1) this hosp sow the decessed oliver obove, (1) we) (did did a			/	, 19 (our) opinion de	eoth occurred on the d			
		VIII TO	west			ATTENDING PHYSICIAN	MEDICAL STA	FF	2/16/	19
		Dona ld T.		M.D.		Easton, M	D 21601			
	23a. B	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	The Property	STATE
	24.5	Burial	Feb.1	6,1979 St	. Pet	er's Church		m. Q.A.Co		
		INERAL DIRECTOR Barto IMES H. Barton,		ent.revill	e. Md		REC BY REGISTRAR	1999	IGNATURE	Gra Bread
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DHMH - 16 50M 7/77 (VR A 15 (4))

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8-05108 Continue of the continue of th builte moverher 10, 2009 this go affirm a certain a lection of the contract of assist assist stuni stuni autif binatal patrata 1. F. S. S. S. S. S. Manney V. Davers, J. D.

cundar Peorlo, 1979 st. Peter's Unarch Communication, 0,1.00., 74. Lerton Bros. James J. Lettor, v.., Lentroville, Fd. 21617 FOR

REGISTRAR

1. DECEASED NAME

- STATE

STATE OF MARYLAND 79-05109 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION WORK FOR MOST OF WORKING LIFE MOUSTRY BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE

__ and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED

DIRECTOR PHYSICIAN

Easton Memorial Hospital

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05110 70

	١.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N		- 0 3 1	10
12		CEASED NAME	FIRST H	oward,	MIDDLE Clipto	n	ELEY ELEY	2a. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR
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	3 SE		7513	4 RACE		MONITI	OF BIRTH YEAR	6 AGE (IN YEARS LAST DE		FUNDER YEAR	HOURS MIN.
	7n. B	Male	DREIGN .		ite WHAT COUNTRY?	Novem	ber 3, 1901	9 BALTIMORE CITY O	YRS.	DEDEATH	
5	0	OUNTRY) Indiana	, included		SA	MARRIE	D NEVER MARRIED DIVORCED DI	TAL	1.7	-	
De de	_	ITY OR TOWN OF DEA	ТН	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND O	DF BUSINESS OR
7	E	ASTON	/	EAST	A FACILITY, GIVE STREET	MOK	l'ale	Contractor	F WORKING LIFE)	Bull	der
St be	USU. 13a S	AL RESIDENCE (IF NURS	136 COUN	1TY	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
51.0		Maryland ATHER'S NAME	Talb	ot	Queen An	ne	YES X NO	Park Av	e.		ED SECTION
E Com	14 FA	William		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	Celina		Rawl	II .
0	16a V	WAS DECEASED EVER	-	bster	Eley	IRITY NO	Hannah 17 INFORMANT Daug		ES\$705 L		
nedic				WAR OR DATES)	220-32-9		Mrs. Elizabe				
The			H (Enter on	ly one cause per	line for (a), (b), on		11201 2222000	OII DE L'EOMA			MATE INTERVAL ONSET AND DEATH
vent,		PART I. DEATH W	AS CAUSE	D BY			ic carcin	go sma			certain
0110		185-	UVUVLEDINI		R AS A CONSEQUI		the prost				
E O	10	Conditions, if any,		(b)_			200		4440		-1-75
100		gove rise to imm couse (a), stating	g the	DUE TO, OI	R AS A CONSEQUI	NCE OF					
5	IN	underlying cause		(c)		the first					
lory,	z	PART 2. OTHER SIGN	IFICANT C	CONDITIONS <u>CC</u>	_		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(c))
	ATIC	190 DATE OF OPERAT	ION	19b. CONDI		OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	4GS USED
d	CERTIFICATION							YES NOTE	IN CERTIFY	ING CAUSES	OF DEATH?
4	CER	210. ACCIDENT WAS UND	_	216. TIME O	FINJURY M. MONTH D.	AV YEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAF	RT 1 OR PART 2)	
1	CAL	OR CONTRIBUTING C		P.		19					
5	MEDICAL	21d. INJURY OCCURR		21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		WHILE NOT WH	N			1 = 7			T-258		
2		220.1 certify that	his haspi	tal) attended the	e deceosed fram_	79	nd that in (m) (our) opinion of	, to <u>2 -23</u>			that (1) (we) last
7 EL	-7	sow the decease above, (1) (we) of 22b. SIGNATURE	id)(did na	t) view the bady	ofter deoth.		DEGREE	geoth accurred on the a	ore ond nour	22c. DATE	
			EW.	Tron	er, M.		ATTENDING	MEDICAL STA			4-79
7	18	22d. PHYSICIAN'S NA			1/		22e. ADDRESS	DIRECTOR PHYSIC	.IAN []	1	
S I	10	Robert W	. Tre	ver, M.	D.		RD3 E	aston 1	Md.	2160	11
ξ	23a. E	BURIAL, CREMATION,	REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
5	,	Burial		Feb.27	,1979 G1	reenmo	unt Cemetery	Hillsboro		oline,	
		UNERAL DIRECTOR			ADDRESS	1139		REC'D. BY REGISTRAR	1	1 0	
	٦٤	ames H. Ba:	rton,	Jr., C	entrevil]	Le, Mo	1. 21617 MAR	5 1979	tistra	Mch	rody

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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Table 1	and Lad			Termin to	osifity
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		the spenier			
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.04 enliars	llinerso, c	unt dometery	7,1975 Commo		Lotto
The Market			de seffyestaet	SOUTH TOP THE	

1. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) ymond 3. SEX June 1918 Male Caucasian To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Delaware WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Truc Manager DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e. STREET ADDRESS Talbot Rt. arvland Easton NO DE Box 241 letely 3.2 sh 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lelia MIDDLE Harry Elliott Essick 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Anna S. Essick Easton. es 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) pape PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if dny, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IRVES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? burial-transit per Mental Hygiene NOT 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC/ 21d IN JURY OCCURRED 21e. PLACE OF IN ILIRY 21f. LOCATION ò STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on_ and that in (my) (aur) apinion death accurred on the date and have and from the causes stated above, (I) (we) did) (did not) view the bady after death FUNERAL DIRECT 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF * W. Trever M. D. PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS RD3 Robert W. Trever. M.D. 0 4 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Mardela Memorial Vard ela Wicomico BP.

Funeral Home Easton.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Maryland

REG NO

IF UNDER 1 YEAR

INDUSTRY

Box 241

COUNTY

St 250. DANGERS DABY REGISTRARY 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

Mary land

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

DAYS

IF UNDER 24 HRS

HOURS

126. KIND OF BUSINESS OR

Sales

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 79-05112			
		CEASED NAME FIRST OR PRINT)	MIDDLE	Gibson	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR	
	3. SE)	ema (o	1. RACE /	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	
35		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH AD. MD.	
78	10 CI	EASTON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	ADDRESS) Has O Lal	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
35	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136, CITY OR TOW STRUCK		130. STREET ADDRESS (#1 13ex) 99	
200	14 FA	THER'S NAME FIRST	MIDDLE GOSSON	15. MOTHER'S MAIDEN NA	MIDDLE GILSGZZZ '	
1		VAS DECEASED EVER IN U.S. AR.	EWAR OR DATES) 220.03	17. INFORMANT	h her the bury	
		PART 1. DEATH WAS CAUSE	nly one couse per line (gr) (a), (b), one ED BY: TE CAUSE (a)	F Apula Conjus	We Geart Former MOS	
	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	1) Hypureus	wr	
		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING THE	CATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(b)	
9		190. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	1/1/200	CITY OR TOWN COUNTY STATE	
			ital) attended the deceosed from 19	, and that in (my) (bur) opinion DEGREE	deoth occurred on the dote and hour and from the causes stated 22c. DATE SIGNED	
1		VID PHANT IAN'S NAME (TYPE O	WENS MD	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 14/78	
	23o. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CUTY OR TOWN COUNTY STATE	
	24 FU	UNERAUDIRECTOR NAME	Da Calo Ee à	En m d FE	TE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE	

19-05112 SECTION SERVICE THE SECTION OF LEER IN DIE LEESTEN MEERLEN

DHMH - 16 50M 7/77 (VR A 15 (4))

				STAT	E OF MARYLAND			
	1.	FOR STATE	DEPAR		EALTH AND MENTAL HYG	IENE	79-05113	
		REGISTRAR		CERTIF	ICATE OF DEATH	REG, NO.	13-03113	
23		CEASED NAME FIRST	MIDDLE	i	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	1
		Emm			GORE	FEBRUARY	10, 19 17 3 /	AM
	3. SE	Male	White	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 59	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MII YRS.	_
2-	70. BI	RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	Y2 8	NEVER MARRIED	9 BALTIMORE CITY OR COL		-
15			U.S.A.	WIDOWE		TALBOT		MD.
78		EASTON	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS	5 PITAL	TEUCK OF DET WE	INDITIANS POR	t
32	13a. S	STATE 136 COUN			13d INSIDE CITY LIMITS?	13e STREET ADDRESS 922 Washin	ngton Street	
11	14 FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME		_
41	V	Vashington W:	infield Gore		Daisy	MIDDLE	Hughe's	
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	RMED FORCES? 16b. SOCIAL SEC	CURITY NO.	Mrs. Gore	Same as 13	A	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (a), (b), (c) BY: TE CAUSE (a)	opd (E)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA!	тн
		5672 Conditions, if ony, which	DUE TO, OR AS A CONSEC	DUENCE OF	Victus =	- eiller -	Rows	
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	LEUC OF	inforced o	on perferoled	aler Cour	
	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 110	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDUTOR FOR WHIC	CH OPERATIO	N WAS PERFORMED		IF YES, VERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO	
4		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE)	M 18, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
			itel) attended the deceased from 19 view the body after death.	77 021	2 9 , 19 7 quel de that in (my) (our) apinion d	to 2 10	d hour and from the causes stated	
		22b. SIGNATURE	New the body offer death.	Ut	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED 2 11 791	
1		220 PHYSICIAN'S NAME (TYPEO	THODES !	40	22e ADDRESS	ZORA SI.	Existen Mal	
	(:	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 23b. DATE D		emetery or crematory ster Cem.	Ton Locazioni	chester, Mdsate	
	24. Ft Cu.	rran Funeral	Home Cambr	308 H	igh Sto 350 ATE	B 1 5 1979	STRAP'S SUNATRE	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05114

	-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	19	- 0 3	114
-		CEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	11112	CHARLES	RUSSELL	HARRISO	N	February	17, 19	979	1: AM
	3. SE)	(4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTI		UNDER 1 YEAR	IF UNDER 24 HRS
	n	nale	caucasian	Mar		78	YRS.	VINS OATS	HOURS MIN
0	. cc	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
4	Ma	aryland	U.S.	WIDOWE		Talbot			MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12g. USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
0	[i]	Lghman	Coopersto	wn Road		enginee		mar	ine
5	13a, S	AL RESIDENCE (IF NURSING HOME STATE 13b CQ 1	UNTY 130 CITY O	R TOWN	13d. INSIDE CITY LIMITS?	Cooperst	oum De	, a d	
1		THER'S NAME	1116	THICKLE	15. MOTHER'S MAIDEN NAM		JWII RC	au	
2		illiam David	Harrison	ST	Maggie I	N. Sincla:		LAS	ī
		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS Box	84	11-0.34
		10	217-	16-1512	Robert D. I	Harrison	Mils	hman	Ma
		PART I. DEATH WAS CAU	only one couse per one to so SED BY: ATE CAUSE (0)	Malle	1 (Thellers)	Harlb	us	BETWEEN	MATE INTERVAL
V		4140 Conditions, if any, which	DUE TO, OR AS ACON	ISECUENCE OF	insin	7		914	MA.
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	orvoin v		10,50	19	
		underlying couse lost	(c)						
	N	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 16	01
page (CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	OF DEATH?
1	TIF					YES NOW	YES		NO 🗆
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	- 110110 444 44011	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2]	
-	CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19	Letter Walk				1
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION	CITY OR TOW	N/	COUNTY	STATE
		22a.1 certify that (I) (this ha	putol) attended the declased		19.70	, to /1/1/	19	7	that (I) (we) lost
		soy the deceased plive	on	19 , 01	nd that in (my) (our) opinion d	eath accurred on the do	ote and hour o	nd from the	couses stated
		221 SIGNATURE	1/4/4	X 19		MEDICAL STAF		22c. DATE	SIGNED 2
		224 PHYSICIAM'S HAME (TYP			22e. ADDRESS				/
		R. Lane	Wroth, M.D.		St. Mich	naels, MD.	2166	3	
	23c. E	BURIAL, CREMATION, REMOVE	2-20-1979		emetery or crematory an Methodist	Tilghmar	ı, Tal	bot,	Md. STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR
Newnam Funeral Home

Easton,

n. Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

portry Malredy

31150-0, At Paid to The State of the Sta June 11 September 1 September All to most trail . I feel amolf to remain a tage i

79-05116 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Month (Type or Print) ESTI-DEATH MATED 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX 2c. DATE PRONOUNCED DEAD 8 Minday) MONTHS 6-29-1894 male white 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH "Maryland U. S. WIDOWED (X) DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME DE HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL DCCUPATION (Kind of work done 12b. KIND DF BUSINESS OF during most of working life, even if retired.) Memorial Hospital .13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) Maryland 136 (OUNTY Talbot Cordova Rt. #1 YES NO executed within pending in pe Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Last First Middle John T. Hopkins Ellen George ADDRE 1. #1, Box 41 16g. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16b. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) Cordova, Md. 217-36-0067 Katherine H. Gannon APPROXIMATE INTERVAL 1B. CAUSE DF DEATH (Enter only one cause per the for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS KONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF forwarded stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1(a). cremotion, should 2D. AUTOPSY? WAS PERFORMED? YES [21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County Stote WHILE NOT WHILE AT WORK 22a. I certify that took charge of the remains described above, held an Autapsy ... Inspection /, Inquiry A and in my apinian be retu... DIRECTOR: Page death resulted from:/ Natural causes R Accident . Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Lane Wroth, M.D. ADDRESS (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) Hillsboro, Caroline, Md. 3-2-1979 Greenmount Cemetery 24. FUNERAL DIRECTOR ADDRESS RADINED REGISTRANO 7 025b. REGISTADE SIGNAPOLI DHMH-17 1/71 TOM Newnam Funeral Home Easton. Md. (VR A13ME (5)) DATE

STATE OF MARYLAND

THE RESIDENCE OF THE PARTY OF T

BIRLS BUY AND WARRANG

signed by the attending physicion and completely filled in by the tuneral direct hen please remaye carbanpapers. Pages I and 2 should be filed within 72 hours

within 24 hours

executed

certificate be

must be notified at once

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remayal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05117

١	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	19-0311
t		ODLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
1	WILLIAM .	EDGAR HUDSON	FEBRUARY 3, 1979 88/AM
ı	MALE BLA	OK MAR, 15, 1926	6. AGE INYEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
4	70. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF W		9. BALTIMORE CITY OR COUNTY OF DEATH
1	ENSTA (IFNOT IN SUCH	OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS!	120. USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY
t	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, G		13e. STREET ADDRESS! LLIS STREET
1	14. FATHER'S NAME FIRST WILLIAM	HUBSON 15. MOTHER'S MAIDEN NO.	1 RIPOSES HUSSON
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO 09 UNKNOWN) 1 IF YES, GIVE WAR OR DATES)	66 SOCIAL SECURITY NO. 17. INFORMANT / 223-14-8604 ZELDA /	MADDOX GREENBELT, MD.
-	18 CAUSE OF DEATH (Enter only one couse per M PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Leunania Comentaria	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Several Deap
	Conditions, if any, which gove rise to immediate	AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CON Lote - Pt fransfer	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	you general Mospitant
	190 DATE OF OPERATION 196 CONDIT	ION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE AT HOME, STREE	MONTH DAY YEAR	RRED ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e PLACE O	F INJURY TT, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	22a.l certify that (I) (this hospital) attended the saw the deceased alive an abave. (I) (we) (did) (did nat) view the body of	fler death. 19 79, and that in (my) (aur) apinian	death accurred on the date and hour and from the causes stated
	22b. SIGNANUAE		MEDICAL STAFF DIRECTOR PHYSICIAN 2474
	PG REGG RHODES	MO 120 ADDRESS LY N. Auror	
	230. BURIAL, CREMATION, REMOVAL 236 DATE. REM. BURIAL 2/7/	179 ROLLING GREEN	23d LOCATION STATE COUNTY STATE MD.
1	24. FUNGAL DIRECTOR Flederick C. Solais	CAMBRIDGE, MB 250. DA	TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNASURE

BP DHMH - 16 50M 7/77 (VR A 15 (4))

etained by the haspital ar attending physician.

TO HOSPITAL

13-05117 that is a call to 12/2/22 Wall of feeting the tensoring them

1	FOR STATE REGISTRAR				MARYLAND I AND MENTAL HYG E OF DEATH	IENE REG. NO		5118	
[TYI	DECEASED NAME TYPE OR PRINT)	Villiam	MIDDLE	Hut	Shins		more 21		18
3. 5	Male	4 RACE		5. DATE OF BIRT 9-10-		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN		DER 24 HRS
	BIRTHPLACE (STATE OR FO COUNTRY) Md	. U.	S.A.	WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY OF		· ~
	Easten Easten	I IF NOT IN SU	HOSPITAL, NURSING JCH FACILITY, GIVE STREET AD	DRESS) HOSI	etal	Tabores Labores	F WORKING LIFE) 11	2b. KIND OF BUS NDUSTRY anning	
130.	Md.	13b COUNTY Caroline	ISC CITY OR TOWN Goldsbo	ro YES		13e STREET ADDRESS Rt 313			
14 F	FATHER'S NAME FIRST Willia	m A. Hutch	ins LAST	15. M	OTHER'S MAIDEN NAME FIRST	E. Gibbs		LAST	
		IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES]			innie H.	Hutchins		boro,	Md.
	Conditions, if ony, gove rise to imm			A. A					cente
		g the DUE TO. C	OR AS A CONSEQUEN		RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	N PART 1(o)	
TION	PART 2 OTHER SIGN	g the DUE TO, C	CONTRIBUTING TO DE	ATH BUT NOT B					
FICAT	PART 2 OTHER SIGN	g the DUE TO, C		ATH BUT NOT B		206 AUTOPSY?	T20b. IF YES, WE	ERE FINDINGS U	SED
CERTIFICAT	PART 2 OTHER SIGN 19a DATE OF OPERAL 21a, ACCIDENT WAS UND	9 the lost. DUE TO, C (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	CONTRIBUTING TO DE	ATH BUT NOT B	S PERFORMED	20e AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	ERE FINDINGS U G CAUSES OF DE NO	SED ATH?
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DHMH - 16 50M 7/77 (VR A 15 (4))

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Goldsboro, Mi	rutchins				on
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,	V			STATE OF MARYLAND				
.01	1	FOR - STATE	DE	PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA			79-05	119
	1 05	REGISTRAR CEASED NAME FIRST	MIDDLE	A LAST		REG. NO		
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00	3. SE		4 RACE	S DATE OF BIRTH MONTH DAY	6. AGE	IN YEARS LAST BIRTH		
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7200 7		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED LI NEVER MARE	RIED	IMORE CITY OR	COUNTY OF DEATH	
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8 Littled	Z	-ASTON /		DRIAL HOSDITA	LL D	con C5		RY
ed test be	130.	AL RESIDENCE (IF NURSING HOME OF STATE	OR OTHER INSTITUTION, GIVE RESIDENCE JNTY 13c. CITY O	1 Julian Indiana City El		EET ADDRESS		
in a	14. Fz	ATHER'S NAME		15. MOTHER'S MA		Coll	ers Le	mo
W 70		Wathan	School School	SC22. Ma	+60	WIDDLE	Scatt	LAST
2 Jedico	16a. \	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIA	L SECURITY NO. 17. INFORMANT	/	ADDRES	S	
them				Shive	64	130	1104	AVIII A CONTRACTOR
event, t		PART I. DEATH WAS CAUS	only one couse per line for (a), SED BY: ATE CAUSE (a)	Interior In	larcti		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
atice		410-	DUE TO, OR AS A CON	SHOUSINCE OF	-/	7		10/
ro ca		Conditions, if ony, which gove rise to immediate	(b)	Artemoscleroll	ic Me	ul de	skool	Jeans
ather		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF			0	1
njury, or	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISI	EASE OR COND	ITION GIVEN IN PART	1(0)
any inju	CERTIFICATION	190 DATE OF OPERATION	10h CONDITION FOR	VHICH OPERATION WAS PERFORMED	D 120- A	UTOPSY?	20b. IF YES, WERE FIN	DHIOCHES
o smo	TIFIC		170. CONDITION ON V	WHICH OF ERAFION WAS FERFORMED	YES		IN CERTIFYING CAUS	SES OF DEATH?
\$ a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR 21c HOW INJURY			IN ITEM 18, PART 1 OR PART 2	
Hem	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	R) P.M.	19	35.20			
0	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.) 21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
is morked		220.1 certify the (this hosp	pital) attended the deceased	from 3 19	29 10	2-	9-1079	_, thos(((we) los
		sow the deceased alive a	not view the body offer death.		opinion deoth occ	urred on the dot	e and hour and from t	
f Hem		226 SIGNATURE		DEGREE ALL	/			TE SIGNED
41		22d PHYSICIAN'S NAME (TYPE	1 farm	PHYS	IDING MEDIC	AL STAFF OR PHYSICIA	and 2	19/17
OC		Me PHISICIAIN SINAME (TYPE)	OR PRINT)	22e. ADDRESS				1
MPO /	23o. 8	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREM	ATORY 123d LC	DCATION		
	*	ERECIEY)	2/13/79	Robinson	1 10	TY OR TOWN	COUNTY	. md
777	24. FI	UNERAL DIRECTOR	ADDR		250. DATE REC'D. E	Y REGISTRAR 2	L RESTRAR'S S'GN	
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FOR

- STATE

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ms. 21663

76 HOUR

HOURS

126. KIND OF BUSINESS OR

DHUGGIST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

MARYLANI

COUNTY

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED

2-21-78

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IF UNDER 24 HRS

BURLLE - 2-23-79 WOODLAWN HER. CHR. HASTON TELEST TELEST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70 05121

34	-	REGISTRAR				CERTIF	CATE OF DEATH	REG. N	19	-0314	_
		CEASED NAME OR PRINT)	SIRST .	A -	AIDDLE	Ţ.	151	2a. DATE OF DEATH	MONTH 0	AY YEAR 2b.	HOUR 30
		(7)	nie	Tine	M.	/	ern	6	2 /	7 1979	10am
	3 SE			4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR			UNDER 24 HRS
1		Female		Cau		6-2	1-32 YEAR	46	YRS.		
ر در او		IRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
6		Va.		U.S.		WIDOWE	D DIVORCED	-	14/60	1	MD.
Fed	10. CI	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPAT		12b, KIND OF BU	ISINESS OR
to /		FastoN	-		Memoria	6 %	Mospital	Housewi		None	
of Co	USUA 13a S	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	W 3535.		
E		Md.	Caro	line	Marydel		YES NO	Main S	St.		
nine in	14. FA	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE			
OC exo				amerson				Rageland		LAST	
0 6		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS .		
Bed	'	no	(IF TES, GIVE	WAR OR DATES	231-36-	-2690	Charles Ker	n Mai	rydel,	Md.	
t the		18 CAUSE OF DEATH	1 Enter onl	y one couse per						APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
vent		PART I. DEATH W		E CAUSE (D)	Paninon	0	lune : core	halmatast	tores	5 m	
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ō		PART 2 OTHER SIGN	HEICANIC	ONDITIONS CO	NIPIBULING TO F	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVE	IN IN PART 1(a)	
lor)	NO			01.011.01.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EAIT DO	NOT KEENTED TO THE TEKN	MINAL DISEASE ON COIL	DINOIV GIVE	IN IN TAKE TO	
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54	IFIC							YES T NOT		ING CAUSES OF I	DEATH?
S - 2	CERT	21a. ACCIDENT WAS UND	ERLYING	216. TIME O			21c HOW INJURY OCCUR				
E 7		OR CONTRIBUTING C			M. MONTH DA						
2 /	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR		21e PLACE (19	211 LOCATION				
0	ME	WHILE TO NOT WH	ILE 🗀		EET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
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E .		22b. SIGNATURE	id) (did not	view the body	ofter deoth.		DEGREE			22c. DATE SIGI	
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z-		22d. PHYSICIAN'S NA	AAE ATURE OR		7		PHYSICIAN E	DIRECTOR PHYSI	CIAN	1,0 -	1
K.		ZZW. PTTT SICIATY 3/NA	THE CITTE OR	PRIINI J	0		ILE. ADDRESS				
1											

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL Burial 2-23-79

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN Dillwyn

COUNTY

STATE

24 FUNERAL DIRECTOR

Jamerson

Dillwyn Buckingham Va.

250. DATE REC'D. BY REGISTRAR 213b. REGISTRAR S SIGNATURE

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Dillwon Buckingham Vo.

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muel L. Jamerson 231-36-2690Charles Kern Marydel, Md.	Sone	Cousewife			10
231-36-2690charles Kern Marydel, Md.		Main St.	ж	oline Marydel	ed. Care
		in Rageland	vaci	smerson	Samuel L. Ja
	. BH	Kern Marydel,	690charles	231-36-2	on

2-23-79

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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-05122

TS-05122 Total I. Man . The second was a second of the control of the control of the second of the control of the contro Date of the Control o Circuit C-25-1479 Wooding Lighter Control Values, Values, No. In the man a principal work of the test of the committee of the committee

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-05124 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOURA (Type or print) Julia Melvin J. IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 87 birthdoy) DAYS HOURS Cau. 6-9-1891 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. U.S.A. DIVORCED WIDOWED TO Talbot 12o, USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address In The Pines during most of working life, even if retired.) INDUSTRY Easton Housewife None 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Caroline Henderson None YES 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Lost Alex Jarman Mary Kirk 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) (Yes, no, or unknown) 214-28-1298 Dorothy Webb Goldsboro. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY STREET, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSTQUENCE OF Conditions, it ony, which gove ! PRESTON Cinais. rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ed obosal last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) VITAL RECORDS, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED 21o. ACCIDENT WAS UNDERLYING [(Enter noture of injury in Port 1 or Port 2, Item 18.) DB CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote OFFICE BUILDING, ETC. While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1970, to 1970, to 1979, that (I) (We) lost saw the deceased alive on 1974, and that in (my) (our) opinion death accurred on the dote and hour and from the causes stoted above, (1) (we) (did) (did nat) view the body after deoth. 22b. SJENATURE 22c. DATE SIGNED DIRECTOR detached ATTENDING DEGREE PHYS. DIRECTOR 22e, ADDRESS PHYSICIAN'S N. AUROMAS NAME (Type) pe 4 should of Heoli 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) Caroline Md. 2-28-79 Greensboro Greensboro REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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79-05126

DAYS

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26 HOUR of

HOURS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

can

NO [

STATE

COUNTY

22c. DATE SIGNED

REG. NO

(VR A 15 (4))

FOR

- STATE

REGISTRAR

A.	1.	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 7 9 - 0 5 1 2 7
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in by the funeral dibertified of once.	10 C	IRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NOVEL PROPERTY MARRIED NOVEL PROPERTY MARRIED NOVEL PROPERTY MARRIED NOVEL PROPERTY MONORED
MARYLAND red within 24 F mptetely filled and 2 should exoniner must	14 F2	STATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS YES NO 1 STATE 136 COUNTY 136. STREET ADDRESS YES NO 1 IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO OR UNKNOWN) 18 FYES, GIVE WAR OR DATES)
es that the death certificate be that the death certificate be please remove carbon papers. urial, cremation, or removal.	Z	RECAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
VITAL RECOR	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 210. ACCIDENT WAS UNDERLYING 200. CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P. M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 21e. I Certify that (I) (18 hospital) attended the deceased from 19 10 LOCATION STREET CITY OR TOWN COUNTY STATE 19 10 LOCATION STREET CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY CITY OR TOWN CITY
TO HOSPITAL OR ATTEND estorned by the hospital of TO FUNERAL DIRECTOR. with the State Dept. of Heo IMPORTANT: If them 21 is m		sow the deceased alive an obove, (I) (well-deal), (did not) view the body after death. 19 1 . ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (well-deal), (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRE
TO Horizon TO F Should with H		BURIAL CREMATION REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE
8P	24.5	UNERALDIRECTOR 250 DATE REC'D BY REGISTRATIZED HATCHE
DHMH - 16 50M 7/77 (VR A 15 (4))	74 F	UNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

73-05123 Col. CT, EDTH DESCRIPTION discreting Ary. 24, 1912; side The state of the s The .tak . 10 Lane 1 (12) The section of the land of t Alle Chertey . C. in . The state of the form of the state of the st The Company of the Co P. Joins J. Heatskoon, Mill. Select Eastle Avenue, Saston, Mill. William Chiarl termine the transfer of the content of the c

fale Camerina car ex 1913 Bully Andrews Committee of the Committee . Property and treet of total treet of the contract of the con and the second of the second of the second Michal : 3-1-1979 Wilkhaman Merbodier Cilmmen, Nalboty Cil

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

injury, or other troumotic event, the medicollexor

IMPORTANT: If hem 21 is morked or Item 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	9-05131
	1. DECEASED NAME (TYPE OR PRINT) 1. SEX Temale	4 RACE	S. DATE C	OF BIRTH -9-06 YEAR	20 DATE OF DEATH MONTH Feb (6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 1979 CONTROL OF THE STAND O
	30 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Cau. 76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	BALTIMORE CITY OR COL	RS. UNITY OF DEATH
X	IN CITY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSewife	INDUSTRY
4	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE Md. 136 COUN		E BEFORE ADMISSION) R TOWN NSDORO	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS None	None
	FATHER'S NAME Enos Carrol	MIDDLE LA	ST	15 MOTHER'S MAIDEN NAM	Ellwanger	LAST
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIA E WAR OR DATES)	L SECURITY NO.	Marvin Pip	oin Dento	on, Md.
	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF OPERATION 19a. DATE OF OPERATION	DUE TO, OR AS A CON	ISEQUENCE OF	NOT RELATED TO THE TERMIN	20c. AUTOPSY? 20b. 1	M GIVEN IN PART I (a) IF YES, WERE FINDINGS USED EATH?
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	110115 1 11 11015	19	21c, HOW INJURY OCCURRE 21f, LOCATION STREET	PES NO PER NATURE OF INJURY IN ITE	YES NO
	27a. I certify that (I) (this hospi saw the deceosed alive on obove, (I) (matter did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPEO	1 view he body offer deoth.	19, or	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	thour and from the couses stated 22. DATE SIGNED 2/2/// \$
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 2-24-79		Sboro	Greensbord	c Caroline Md.

Greensboro, Md.

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Caroline	Greensboro	Greenstoro	2-24-79	Sucial
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	1.	STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. NO.	79-	051	34
		CEASED NAME FIRST BLANCHE		S i	NCL	41 R	FEBRUAR	112	YEAR 1979	26 HOUR A
	3. SE		RACE Caucas	ian	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN
33	Lc	IRTHPLACE (STATE OR FOREIGN OUNTRY) ryland	U. S.	VHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DE DIVORCED	9 BALTIMORE CITY OR CO	OUNTYOF	DEATH	MD.
Notified 18		EASTON	(IF NOT IN SUCH	OSPITAL, NURSING I FACILITY, GIVE'STREET A MURITAL		SPITAL	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO postmaster		RISTRY	F BUSINESS OR
	13a. S	AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT ryland Talb	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Tilghma	٧	136 INSIDE CITY LIMITS? YES NO [Main St.			
200 Janine		ather's name Charles James	Howet	h		Charlotte	Emma Coving		LASI	
/ medical	0	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE W NO		218-05-		Cornelia S	ADDRESS S. Sadler	Box Tilg		, Md.
event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:		الالما	lar gibril	Option		APPROXI	ONSET AND DEATH
injury, ar other troumatic e		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE	gest	Cerotic Re	disc fail	ure.	}un	certan
injury, o	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
Swo O	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH (OPERATIO	N WAS PERFORMED		b. IF YES, WE CERTIFYING YES [
Item 18 sh	EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.M	A. MONTH DA	Y YEAR	214. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	TEM 18, PART 1 0	OR PART 2)	
marked or 1	MEDI	21d. INJURY OCCURRED WHILE ONT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC }	211. LOCATION STREET	CITY OR TOWN	c	OUNTY	STATE
E		22n L certify that (I) this haspita	attended the	deceased from	6	~3 10 7 9	10 2-1	7 10 -	79	tho (I) we last

SIGNATURE

19 79 (did not) view the body after death. DEGREE

ATTENDING PHYSICIAN

and that in (our) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT

22e. ADDRESS

230. BURIAL, CREMATION, REMOVAL Burial

Trever, M.D. 23b. DATE

2-15-1979

23(. NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

Newnam Funeral Home

Easton, Md.

Spring Hill

Talbot. Md. 256. REGISTRAR'S SIGNATURE

23d. LOCATION CITY OR TOWN Easton COUNTY

STATE

79-05134 female caucarian main autorial ofemal The state of the s The country of the property of the time to the property of the Total Company of market Tillians And product, recently in. deward to the second of the se

District District Control of the Decar Control of the Decar

requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

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ofter death

FOR STATE DEPART

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05136

1	1-	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO	13-00		
t		CEASED NAME FI	RST A	AIDDLE	LAST		MONTH DAY	YEAR 26 HC	UR
			me	m Ste	enken	Feb	28	79 4	FM
ſ	3. SEX		4 RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIRT			ER 24 HRS
1		Female	W	7110	bruary 26, 1889	90	YRS.	DAYS HOURS	MIM
		RTHPLACE (STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF D	EATH	
	_	verhead, N.	Y. U.S.	A. WIDO	WED DIVORCED	TA	bot		MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	120. USUAL OCCUPATE		KIND OF BUSIN	VESS OR
	1	CASTON	Mer	norral	Hospital	Housewife		Own Home	e
1	USUA 130. S	AL RESIDENCE (IF NURSING I	HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	di di Lini		
2	_		aroline	Preston	YES NO 🗱	Rt. 2, Box	160		
1	I4 FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME	911	LAST	
1		illiam Worm			Mary Neins	tedt	Charles S		
		VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO). 17 INFORMANT	ADDRE	SS Presto	n. Md.	21655
		No		216-46-1650	I Mrs. Marguer	rite McNeal.		Box 145	
		18 CAUSE OF DEATH IE	nter only one couse per CAUSED BY:	line for (o), (bound ic	14 6	0		APPROXIMATE INT	ERVAL ID DEATH
1	-		MEDIATE CAUSE (0)	CVN	WILL (K)	nemysea	la	12 de	7_
		436-	DUE TO, OF	R AS A CONSTOUENCE OF	al A. I.				
		Canditians, it any, who		aser	fel winy	tocler			
1		couse (a), stoting	the DUE TO, OF	R AS A CONSEQUENCE OF					
1			ost. (c)						
1	2	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	OITION GIVEN IN	PART 1(o	
4	CERTIFICATION	19g DATE OF OPERATION	J ISE CONDI	TION FOR WHICH OPERAT	IONI WAS DEDECTRALED	200 AUTOPSY?	20b. IF YES, WER	E FINIDINICS LIST	-
1	FIC	THE OF OFERANIO.	, and condi	HOLLIOK WHICH OFFICE	IOI WAS FERI ORMED		IN CERTIFYING	CAUSES OF DEA	TH?
+	ERT	21g. ACCIDENT WAS UNDERLY	ING 216. TIME O	F INJURY	21c HOW INJURY OCCUR	PED (ENTER NATURE OF INJUR	YES []	NO PART 2)	
1		OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH DAY YEA	NR .	NED (ENTERTATIONE OF 1190)	THE TENTO, TAKE FOR	(
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX.	AMINER) P./		211 LOCATION				
1	ME	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE, FARM, ETC.]		CITY OR TOW	N CO	UNTY	STATE
1		220-1 certify that (1) (this	hasartal) attended he	decored from 12	-/16 1079	7/12	8 79	7	(\
			live an liview the bady		and that in (my) (aur) apinian	death occurred an the da	ite and hour and f	fram the causes s	, ,
		obave, (I) (we) (did) (22b. SIGNATURE	fild not view the bady	after death.	DEGREE			2c DATE SIGNED	
1		(1)	MAN	Adril)	MA ATTENDING	MEDICAL STAF	F	2/28	ha
۲		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	0.00	PHYSICIAN 220. ADDRESS	DIRECTOR PHYSIC	IAN	100	4
١	1	√	1000		Fach	n MI			
t	23a. Bt	URIAL, CREMATION, REM		T 23c, NAME O	CEMETERY OR CREMATORY	23d. LOCATION			
	(5)	Buria				CITY OR TOWN	Coroline		TATE
1	24. FU	NERAL DIRECTOR	1.02.		or Order Com	E REC'D. BY REGISTRAR	Caroline 25b. R. GISTRAR'S		ano
	F	vanston - Ha	and and a	13 Reducible	eno, mol MA	R 5 1979	perfray!	Kelryodi	
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BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar other traumatic event, th

executed within 24 hours ofter

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

attending physician.

retained by the hospital

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-05137

REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	13-1	, , , ,	0.
1 DECEASED NAME FI	RST MIDDLE		AST	20. DATE OF DEATH		YEAR	26 HOUR
	LOUISE		STONE		2 20	79	4:00
3. SEX	4 RACE White	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY] IF U	NDER I YEAR	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREK	BAYFIELD	WIS - WIDOWE	D NEVER MARRIED (9 BALTIMORE CITY C	R COUNTY OF	DEATH	
EASTON, MD.	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, HOUSE IN			120 USUAL OCCUPAT (TYPE OF WORKEOF MOST C HOUSEW I		12b. KIND O INDUSTRY	F BUSINESS O
MD.	HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF TALBOT RO	PENCE BEFORE ADMISSION) (OR TOWN YAL OAK	134 INSIDE CITY LIMITS				
WILLIAM	FRANCIS	SHEA	15 MOTHER'S MAIDEN HONOR	MIDDLE		ADDE	N
160 WAS DECEASED EVER IN L (YES) (16 (16		- 52 - 2028	MRS. PAUL	STONE ROY	AL OAK	, MD	
	the DUE TO, OR AS A C		NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN I	N PART 1(o	
190 DATE OF OPERATION	N 196, CONDITION FO	DR WHICH OPERATIO	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?			
00.00.00.00.00.00	E OF DEATH HOUR A.M. MO				RY IN ITEM 18, PART 1	OR PART 2)	
WHILE AT WORK AT WORK	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN						STATE
sow the deceased o	20.1 certify that (I) (this hospital) attended the deceased from 9-29, 19-76, to 2-20, 19-79, that (I) (we saw the deceased alive an 2-15 19-79, and that in (my) (our) opinion death accurred on the date and hour and from the causes state above, (I) (we) (did) (did not view the body after death.						
22b. SIGNATURE	type Come	20	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE :	SIGNED
22d PHYSICIAN'S NAME Stephen	n P. Carner	, M.D.	P.O. Box	929 EASI	on m	d.2.	160/
230. BURIAL CREMATION, REA	2/26/78	3. ST A	EMETERY OR CREMATOR	Y 23d. LOCATION CITY OF TOWN ASHLAND	ASHL	AND	WIS.

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

ADDRESS Caston MAR 5 1979

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-05138 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 20. DATE KNOWN (Type or Print) OF ESTI-DEATH MATED FEB. 26 1974 3 SEX S. DATE OF BIRTH IF UNDER 24 HRS 79 birthday) Male Cau. 9-16-1899 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Md. U.S.A. WIDOWED [DIVORCED alon 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** Farming Farmer 13a. USUAL RESIDENCE (Where deceased lived of institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER ond 2 hoors 13b, COUNTY Caroline Henderson admission) STATE Md. Bee Tree Rd. YES NO K Exominer 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost Louis Walls Mary E. Blockston 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no. or unknown) 218-20-9292 Bessie Walls Henderson. no Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per PART I. DEATH WAS CAUSED BY: (b), and (c).) RETWEEN ONSET AND DEATH PRESTON DUE TO Conditions, if ony, which gave rise ta immediate cause (a) forworded DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2. OTHER SIGNIFICANT CONDETIONS CONTRIBUTING TO DEADY BUY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) should be cremotion, 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗌 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, factory office building, etc.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. AT WORK AT WORK 22a. I certify that took charge of the remains described obave, held on Autopsy Inquiry 1 Inspection . and in my opinian death resulted from: Matural causes X Undetermined manner Accident Suicide . Hamicide DIRECTOR: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNERAL NAME (Type) ADDRESS(Street, city, tawn, or caunty) 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Buria Greensboro Caroline Md. 3 - 1 - 79Greensboro 24 FUNERAL DIRECTOR 25 BUCKRAB'S HOW FREE -DHMH-17 1/71 10M (VR A15ME (5))

Enle tau. 9-16-1899 79

.A.S.U .bk

Tarner Charles Porting Carner Farming

Caroline Henderson x Dee Proc Ed. D.

THE THAT WE IN THE SHEET THE

Mary &. Blockston

218-20-9292 Bessie wolle Henderson, Mi.

Burinl 3-1-79 Ordensboro

Graensboro Caroline Md.

MARRIED NEVER MARRIED

YES []

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION
(IF NOT IN SUCH ACILITY, GIVE STREET ADDRESS)

ves You

LAST

DIVORCED

NO NO

13d. INSIDE CITY LIMITS?

IS MOTHER'S MAIDEN NAME

FIRST

	DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 7 C	1-051	39
E	WEbb	20. DATE OF DEATH MONTH FEDRUARY 2	7, 1979	26 HOUR 980
	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH DAY)	IF UNDER 1 YEAR	IF UNDER 24 HR

9. BALTIMORE CITY OR COUNTY OF DEATH

120 USUAL OCCUPATION

13e. STREET ADDRESS

Kay 6

(TYPE QF WORK FOR MOST OF WORKING LIFE)

Vause with

MD.

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 was

hud

. 19 77 , that (I) (we) lost

INDUSTRY

13cy 147

RACE

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

131. OTY OR TOWN

MIDDLE

Coralin

TE CITIZEN OF WHAT COUNTRY?

1	(m)
1	
	AO E
	4
	age 4

FOR - STATE REGISTRAR I. DECEASED NAME TYPE OR PRINT

To BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

FIRST

3. SEX

COUNTRY)

4 FATHER'S NAME

completely filled in by the funeral director, page 3, 1 and 2 should be filed within 72 hours ofter death ion and co dicol physicio attending other traumatic prior to ony this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene IMPORTANT: If Item 21 is morked or Item 18 shows TO FUNERAL DIRECTOR:

etained by the haspital HOSPITAL BP. DHMH - 16 50M 7/77 (VRA 15 (4))

ATTENDING PHYSICIAN: The

offending physicion

	WAS DECEASED EVER IN U.S. ARME[YES, NO OR UNKNOWN] (IF YES, GIVE WAI		Wilbort	We	66.
	PART I DEATH WAS CALISED BY	DUE TO, OR AS A CONSEQUENCE OF	A failer		APPROXIMATE INTERVAL BETWEEN ONSET AND DES
CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	196 CONDITION FOR WHICH OPERATION		200 AUTOPSY? YES NO	DITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR!		
	220. I certify that (I) (this happine) saw the deceased alive on abave, (I) (we) (did) (did not) vi 22b. SIGNATURE	ew the body after death.	d that in (my) (aur) opinion DEGREE ATTENDING	PERFORMED 200 AUTOPSY? YES NO NINCERTIFYIN YES NO NINCERTIFYIN YES NO NO TIME THE MEM 18. PART I DOCATION STREET CITY OR TOWN ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR ON TOWN 230. DATE REC'D. BY REGISTRAR 255b. REGISTRAR 250. DATE REC'D. BY REGISTRAR 255b. REGISTRAR	ate and hour and from the causes stated
-	BURIAL CREMATION REMOVAL 2 UNERAL DIRECTOR	. /	EMETERY OR CREMATORY Ohem: 250. DAT MAI	Preston	COUNTY STATE COUNTY STATE PARTS STATE STATE STATE COUNTY STATE COUNTY STATE S

18-05139 all standard thereon New 6 21 18 4 187 The state of the s

\$	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH		7 9 REG. NO	-051	40	
may be		SKPRINT) HOLLIN	DOLL TA RACE	HALL HALL	U.S. DATE OF	BIRTH	٤	AGE (IN YEARS LAST BIRTH	AONTH DAY		HOUR 3 7 M JNDRATCHRS
sold in sold i		MALE	WHIT	E	MONTH 7	DAY YE	AR 15	63	YRS.	DAYS HO	OURS MIN
debith Po	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	U. S.	. A.	WIDOWED		D []	Ta C	Pot		MD
201 us ofter defende by the fulled within		E as four	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION MENO	RIAL	a. USUAL OCCUPATION OF WORK FOR MOST OF WARK FOR MOST OF	WORKING LIFE) INC		TATE ROAD
BALTIMORE, MARYLAND 2120 Battimore, Maryland 2120 gsician and completely filled in by apers. Pages 1 and 2 should be filtured. In the medical exonuner must be not the must be not the medical exonuner must be not the medical exonuner must be not the	10	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, G	CHEST	ER	36 INSIDECITY LIM	X	STREET ADDRESS	30x 308	3	
E, MARYI completel 1 and 2 s	14 FA	THER'S NAME FIRST ARCY	WIDDIE	EBSTER	30.00	MAR!		WIDDLE	14.	ALL	
MORE,	16o. V	VAS DECEASED EVER IN U.S. AI res. no or unknown) (IF YES, GIV	RMED FORCES?	217-16-	1524	MAUDIE	S,	WEBSTER	SRT#1	BOX 3	08 MD
I W. PRESTON ST., but the death certifue by the attending phase remove carbonp I, cremation, ar remother traumatic ever		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA) 5 7 / 5 Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	TE CAUSE (a)	AS A CONSEQUE	ence of	ulux				APPROXIMATE BETWEEN ONSE	INTERVAL Y AND DEATH
TAL RECORDS, 201 The low requires the loss been signed as the ples giene prior to burnor shows any injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT	farte	~e		OT RELATED TO TH	ie termina	AL DISEASE OR COND 20a AUTOPSY? YES NO	20b. IF YES, WERI	E FINDINGS CAUSES OF	USED DEATH?
IVISION OF VITAI G PHYSICIAN. Th otherding physicia ter this certificate I s the burid-fransit n and Mental Hygie	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M 21e PLACE O	A. MONTH DA	19	21t HOW INJURY O	OCCURRED	(ENTER NATURE OF INJUR	150		
PIVISION PH haspital or othern HRECTOR. After the hed for use os the pept, of Health and tem 21 is morked or	W	WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased alive a above, (f) (we) (did) (did n	ital) attended the	19_	2/6/ 79. ond	that in (my) (our) a	pinion deo	, to	te and hour and f	rom the cous	
TO HOSPITAL OR retained by the he TO FUNERAL DIRE should be detached with the State Dept.		226 SIGNATURE 22d PHYSICIAN'S NAME (TYPE: William J. Ba	mpkiny)	mp.		ATTEND PHYSIC 220 ADDRESS Easton	IAN DE	MEDICAL STAF	F	R. DATE SIG	NED
shoot shoot	23a F	BURIAL, CREMATION, REMOVA SPECIFY	23b. DATE	2361	NAME OF CE	METERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN	COUNT	γ .	STATE
BP DHMH - 16 50M 7/77 (VR A 15 (4))		BURIAL UNERAL DIRECTOR	HUSSO	ADDRESS		ISVILLE	MA	STEVENS) ECD. BY REGISTRAN R 2 1979		SIGNATURE	inD

19-05110 THE PROPERTY OF THE PARTY OF TH TO A DAY OF THE STATE OF STATE OF THE OWN foots of many Will ber g. Conffich, 2.0. AND THE RESIDENCE OF THE PARTY

79-05112 All almated to All and the All AND STREET AND STREET AND STREET the later of the l